

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011851

STATE FILE NUMBER

FILED APR 6 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

534

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) GARDENVILLE		c. CITY OR TOWN ST LOUIS	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MILLER NURSING HOME		d. STREET ADDRESS 6134 WEST PARK	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle A Last KLEB		4. DATE OF DEATH Month FEB. Day 24 , Year 1959	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 14, 1871
9. AGE (In years and months) 87		10. FUNDING YEAR Months 10 Days 10 Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	
11. BIRTHPLACE (City and state or country) ST LOUIS MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SLOAN		13b. MOTHER'S MAIDEN NAME DONOVAN	
14. NAME OF HUSBAND OR WIFE WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADELINE DYSON Address 6134 WEST PARK	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) 332x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 10 days unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 9:00 a.m. 9:00 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ST LOUIS MO.	
20g. COUNTY ST LOUIS MO.		20h. STATE MO.	
21. I attended the deceased from 2-11-59 to 2-24-59 and last saw her alive on 2-22-59 Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE M. R. W. Wulcher (Degree or title) MD	
22b. ADDRESS 8916 S. Main		22c. DATE SIGNED 2-24-59	
23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE 2/26/59	
23c. NAME OF CEMETERY OR CREMATORY ST MATTHEW CEMETERY		23d. LOCATION (City, town, or county) ST LOUIS MO.	
23e. STATE MO.		23f. REGISTRAR'S SIGNATURE John C. Murphy M.D.	
24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS		25. DATE RECD. BY LOCAL REG. 2-25-59	
25. ADDRESS 7027 GRAVOIS		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donald E. Berry

Licensed Embalmer No. 4863
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.